

### **Ohio Campaign Finance Report**

05 APR 21 PM 2:33

Prescribed by Secretary of State 02/01 Registration Number, if PAC Full Name of Committee Glaeden for Judge Full Name of Candidate Carrie E. Glaeden Office Sought Franklin County Municipal Court, Unexpired Term Ending 1/104/10 100 South Third Street 43215 O <u>Columbus</u> Annual Year Post-Primary Pre-General Post-General Pre-Primary September place X to the left of report July August Monthly Monthly Monthly Termination Report Electronically filed? D Amended Report? ☑ No ☑ No Yes 5 Yes 3 5

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

	<b></b>
Amount brought forward from last report	\$ 672.01
2. Total monetary contributions (From Ferm No. 33-A)	\$ 2,175.00
3. Total other facome (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 2,847.01
5. Total monetary: expenditures (From Form No. 3 -B)	\$ 325.51
6. Balance on hand (line 4 minus line 5)	\$ 2,521.50
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Fonds No. 31-J-2)	\$ 0.00
9 Outstanding loans owed by committee (From Form No. 31-C)	\$ 4,000.00
10. Outstanding debts awed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding toans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
1.3. For Electronic Filing Entities only.  Sum of lines 2, 7, and amount of any new loans received this period	\$

THE INFORMATION CONTAINED	) IN THIS REPORT IS MADE UNDER TH	E PENALTY OF ELECTION EALSIFICATION. WE	IOEVER /
	ATION IS GUILTY OF A FELONY OF THI		4/2/05
Print Name and Title (Treasurer and De	puty Treasurer only) Signature		Bate
Contribution	Expenditure	Other	Total
pages 3	pages 2	pages 2	pages

Page	2

### **Statement of Contributions Received**

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Glaeden for Judge							
Full Name of Contributor	····	<del></del>	Regi	stration	Num	ber, if P	AC
Contributions from Form 31-E							
Street Address	Employer/Oc	cupation/Labor Organization	n				Form (Cash, Check, etc.)
City	State	Zip Code	М	T		Y	Amount
City	State	Zip Code	i .	1		1.	
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Full Name of Contributor			Kegn	sa acion	nin	oci, II P	AC .
	To 1 10						F (0.1.01.1.4.)
Street Address	Employer/Oc	cupation/Labor Organization	n				Form (Cash, Check, etc.)
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City	State	Zip Code	M	ı	,	Y	Amount
							<u> </u>
Full Name of Contributor			Regi	stration	Num	ber, if P	AC
			I				
Street Address	Employer/Oc	cupation/Labor Organization	n				Form (Cash, Check, etc.)
City	State	Zip Code	M	E	5	Y	Amount
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Full Name of Contributor			Regi	stration	Num	ber, if P	AC
			,				
Street Address	Employer/Oc	cupation/Labor Organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Form (Cash, Check, etc.)
outer Address	Employei/Oc	Supation Labor Organization	••				on (Cusi, Check, Cic.)
a.	<del> </del>	7in Codi	<del>- 1 \( \)</del>			I v	Amount
City	State	Zip Code	M	I	ر ا	Y	Amount
					Ļ	<u> </u>	<u></u>
Full Name of Contributor			Regi	stration 1	Num	ber, if P	AC
Street Address	Employer/Oc	cupation/Labor Organization	n				Form (Cash, Check, etc.)
City	State	Zip Code	M	I	)	Y	Amount
			1	- 1	}		<b>1</b>
Full Name of Contributor			Regi	stration	Num	ber, if P	AC
							<u>\</u>
Street Address	Employer/Oc	cupation/Labor Organization	n				Form (Cash, Check, etc.)
	1						
City	State	Zip Code	M	T	_	Y	Amount
	June	1	"		1		
Full Name of Contributor			Domi	stration	Num	her if T	<b>L</b>
Full Name of Contributor			vegr	sa auUli	. vuil	<i>о</i> ы, н Р	AC .
	In						r. (0 1 C 1 : )
Street Address	Employer/Oc	cupation/Labor Organization	n				Form (Cash, Check, etc.)
City	State	Zip Code	M	1	)	Y	Amount
Full Name of Contributor			Regi	stration	Num	ber, if P	AC
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Street Address	Employer/Oc	cupation/Labor Organization	n —				Form (Cash, Check, etc.)
•		-					
City	State	Zip Code	M	I	<del>-</del>	Y	Amount
		1			l		1
* Required for contributions over \$100 to statewide and general assemble	v candidates If	contributor is self-employed	d occupation ra	ther that	ı em	olover s	hould be listed.
reduced for contributions over \$100 to state and general assemble	,		,panonia				

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed.

If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must

appear. R.C. 3517.10(B)(4)

Page Total \$ 2,175.00

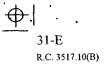
Page	<u>3</u>

## **Statement of Expenditures**

Prescribed by Secretary of State 2/01

h								
Name of Committee in Full								
Glaeden for Judge								· · · · · · · · · · · · · · · · · · ·
To Whom Paid				М	D		Y	Amount
Expenditures from Form 31-F				0 4	1	4 (	<u>0   5</u>	325.51
Address	Purpose							
City	State	е	Zip Code	Check	Numbe	r		
	1			l l				
To Whom Paid				М	D	T	<b>Y</b>	Amount
Address	Purpose	******						
Ci			(z: o. t.	ici. i	<del></del>			
City	State	е	Zip Code	Check	Numbe	r		
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To Whom Paid				M	D		Y	Amount
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Address	Purpose							
City	State	=	Zip Code	Check	Numbe	r		
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To Whom Paid				М	D	T	Y	Amount
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Address	Purpose			B	<u></u>			I
City	State		Zip Code	Check	Number			
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To Whom Paid			L	М	D	_	Y	Amount
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Address	[D							L
Audiess	Purpose							
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City	State		Zip Code	Check	Number	•		
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To Whom Paid				М	D	-	Y	Amount
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Address	Purpose							
City	State	,	Zip Code	Check	Number			
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To Whom Paid				М	D	T	Y	Amount
				1 7	1		Ī	
Address	Purpose							
	I urpose	_			_			
City	State	:	Zip Code	Check	Number			
To Whom Paid				M	D		Y	Amount
Address	Purpose							
	1							1
City	State		Zip Code	Check	Number			
: <del>-</del>	1		• -	1				
	_1		<u> </u>					

Page Total \$ 325.51



Event Date	4/14/2005
Page	4

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full	riescribed by Scarcia	Ty of State 02/01		
Glaeden for Judge				
Full Name of Contributor			Registration Number, if PAC	
Linda McNamara				l l
Street Address	Employer/Occupation	n/Labor Organization*	M D Y Amount	
3966 Fairlington Drive			0 3 2 5 0 5	100.00
City	State Zi	p Code	Form(Cash,Check,etc)	
Columbus	OH	43220	Check	
Full Name of Contributor			Registration Number, if PAC	
Benesch, Friedlander, Coplan & Aro	noff LLP			
Street Address	Employer/Occupation	n/Labor Organization*	M D Y Amount	
88 E. Broad Street, Suite 900			0 3 3 0 0 5	275.00
City	State Zi	p Code	Form(Cash,Check,etc)	270.00
Columbus	OH	43215	Check	
Full Name of Contributor		40210	Registration Number, if PAC	
	tuibutina Entit	•	PCE	
Iron Workers Local 172 Political Cor		/ n/Labor Organization*	M D Y Amount	
Street Address	Employer/Occupation	WLabor Organization	1 1 1 1	275.00
2867 S. High Street	6		0 3 3 1 0 5 Form(Cash,Check,etc)	
City		p Code 42207		-
Columbus	OH	43207	Check	
Full Name of Contributor			Registration Number, if PAC	
Christopher J. Minnillo				
Street Address	Employer/Occupation	n/Labor Organization*	M D Y Amount	
1500 W. Third Avenue, Suite 400			0 3 3 1 0 5	100.00
City	State Zi	p Code	Form(Cash,Check,etc)	
Columbus	0   H	43212	Check	
Full Name of Contributor			Registration Number, if PAC	
Terry K. Sherman *				1
Street Address	Employer/Occupation	n/Labor Organization*	M D Y Amount	
175 S. Merkle Road	Attorney		0 4 0 8 0 5	275.00
City		p Code	Form(Cash,Check,etc)	2.0.00
Columbus	OH	43209	Check	
Full Name of Contributor		10207	Registration Number, if PAC	
Allen J. Reis			ttegistation realises, it is it	j
Street Address	E-places/Occupation	n/Labor Organization*	M D Y Amount	
	Employer/Occupation	IVLabor Organization	1 1 1 1	275.00
3250 Knoll Drive			0 4 1 1 0 5	273.00
City		p Code	Form(Cash,Check,etc)	
Gahanna	OH	43230	Check	
Full Name of Contributor			Registration Number, if PAC	l
Anthony O. Mancuso	·			
Street Address	Employer/Occupation	n/Labor Organization*	M D Y Amount	
135 N. Hamilton Road			0 4 1 1 0 5	100.00
City		p Code	Form(Cash,Check,etc)	
Gahanna		43230	Check	
* Franklin County Court Appoin	tee			<u></u>
* Required for contributions from individuals over \$100 to statewide	and general assembly cand	idates. If contributor is sel	If-employed, occupation rather than employer	;
should be listed. If two or more employees contribute via payroll ded			-	
members, if any, must appear. [R.C. 3517.10(B)(4)]	The state of the s			1.0
, , , , , ,	$\Psi$	-		17
Fill in the boxes below only on the last page for this event.				
Transfer the Total contributions for this event to form No. 31-A. Und	ler Full Name of Contributo	or state "Contributions from	n form No. 31-E" and list the date of the ever	ıt
in the date column.	m or conditute			
and the world with the same of				
Total contributions this event	Total expenditures this ev	ent	<u> </u>	
			Page Total \$	1.400.00
				1,700.00



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R	C.	351	7.10(B	)

Event Date	4/14/2005
Page	5

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Glaeden for Judge Registration Number, if PAC Full Name of Contributor John F. Hilt & Associates Employer/Occupation/Labor Organization\* Street Address 500.00 3793 Broadway 1 3 0 | 5 Form(Cash,Check,etc) Zip Code State **Grove City** 43123 Check Registration Number, if PAC Full Name of Contributor D. Michael Grodhaus Employer/Occupation/Labor Organization\* Amount 0 4 1 3 0 5 275.00 6544 Deeside Drive Zip Code Form(Cash,Check,etc) City  $O \perp$ H 43017 Check Dublin Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization\* State Zip Code Form(Cash,Check,etc) Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization\* Amount State Zip Code Form(Cash,Check,etc) City Full Name of Contributor Registration Number, if PAC Employer/Occupation/Labor Organization\* Street Address Zip Code State Form(Cash,Check,etc) Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization\* D Amount Zip Code Form(Cash,Check,etc) City State Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization\* Amount Form(Cash,Check,etc) State Zip Code City \* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)] Fill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column. Total contributions this event Total expenditures this event Page Total \$ 775.00 2,175.00

31-	F			
R.C.	351	7.	1	(

04/14/05
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### Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full									
Glaeden for Judge									
To Whom Paid		M		D	Y	Amount			
U.S. Postmaster				0 3	3 [	1 1	0 5	l	148.00
Address	Purpose								
41 S. High Street	Post		·						
City	S	Zip Code	Check						
Columbus	10	H	43215	1		1054			
To Whom Paid			M		D O l o	Y	Amount	4777	
Capitol Square Printing, Inc.	-Is			0 3	3]	2 3	0 5	<b>I</b>	177.51
Address	Purpose								
59 E. Gay Street		ation	S Zip Code	Check Number					
Calumbus	l o"	H	43215	CIRCUK					
Columbus To Whom Paid	10	11	43213	M	1	D	Ŷ	Amount	
וט אווטונו דפוע						۱	l i		
Address	Purpose				L		<u> </u>	L	
	1								
City	S	tate	Zip Code	Check	Nur	nber			
· · ·						•			
To Whom Paid		<u></u>	<u></u>	М	Т	D	Y	Amount	
						1			
Address Purpose									
City	State Zip Code			Check	Nur	mber			
	1		1						
To Whom Paid M D Y An							Amount		
·						.			
Address	Purpose								
	1								
City	State Zip Code			Check	Nur	mber			
				$\perp$					
To Whom Paid				М	Ţ	D	Y	Amount	
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Address	Purpose		-						
City	State Zip Code			Check	Nur	mber			
		<u> </u>	<u> </u>						
To Whom Paid				М		D	Y	Amount	
Address	Purpose								
			1						
City	State Zip Code			Check	Nur	mber			
		<u></u>	<u></u>						

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	325.51
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#### **Statement of Loans Received**

Prescribed by Secretary of State 2/01

Full Name of Committee												<del></del>	
Glaeden for Judge From Whom Received			_					Prior A	mount			Amt. Incurred this Period	
						Prior Amount				0.00			
Carrie E. Glaeden						\$4,000.00				Outstanding Balance			
										\$4,000.00			
5142 Highland Meadows Drive City State   Zip Code												γ-,000.00	
Hilliard	ОН	43026	Loans Received This Period Date Amount					Payments This Period Date Amount					
Date Loan was originally incurred	м 1 О	D Y 2 8 0 3	М	D	Y		0.00	М	D	Ÿ		s 0.00	
Registration Number, if PAC		<del>                                      </del>	М	D	Y	1		М	D	Y			
Employer/Occupation/Labor Organization			М	D	Y			М	D	Y			
From Whom Received							Prior Amount				Amt. Incurred this Period		
Address												Outstanding Balance	
City	St ate	Zip Code	Loans Received This Period Date Amount					Payments Date				This Period Amount	
Date Loan was originally Incurred	М	D Y	М	D	Y	1	3	М	D	Y		\$	
Registration Number, if PAC			М	D	Y			М	D	Y			
Employer/Occupation/Labor Organization			М	D	Y	1		М	D	Y			
From Whom Received							Prior A	mount			Amt. Incurred this Period		
Address											Outstanding Balance		
City	St ate	Zip Code	Loans Received This Period Date Amount					Payments This Period  Date Amount					
Date Loan was originally Incurred	М	D Y	М	D	Y	9		М	D	Y		\$	
Registration Number, if PAC			М	D	Y			М	D	Y			
Employer/Occupation/Labor Organization			М	D	Y			М	D	Y			
					-								

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

<sup>1</sup> Total prior amount \$ 4,00	0.00	
<sup>2</sup> Total received this period \$	0.00	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period \$ _	0.00	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$ _	4,000.00	(To Form No. 30-A)